

epiTRENDS

A Monthly Bulletin on Epidemiology and Public Health Practice in Washington State

Communicable Disease Report, 2004

The rules for reporting notifiable conditions (Washington Administrative Codes 246-100 and 246-101) outline requirements for disease surveillance in the state. Health-care providers as well as healthcare facilities, clinical laboratories, veterinarians, food service establishments, childcare facilities and schools must notify local health jurisdictions and/or the Washington State Department of Health of certain conditions, including communicable diseases.

Changes to Reporting Requirements

In 2004, certain changes were made to the list of notifiable communicable diseases in Washington: *Streptococcus* Group A invasive disease and viral encephalitis were removed from the list while arboviral disease was added as a category to include a variety of viral diseases transmitted by mosquitoes, other insects and ticks. The new rule for reporting of arboviral disease was specifically intended to identify human West Nile virus infections. Current requirements and printable posters of notifiable conditions are available at: www.doh.wa.gov/notify/other/legal.htm.

International Travel and Imported Diseases

In Washington State, disease incidence in 2004 was remarkable for the number and variety of conditions related to international and interstate travel, a reminder that global travel can quickly negate the absence of certain infectious diseases in the United States. Imported measles traveled to Washington aboard a flight carrying children adopted from China with seven cases in the state, and 24 Washingtonians acquired malaria in the course of their international travel. In 2004, there were six typhoid fever cases reported in Washington with no deaths; five were travelers to Asia, the Middle East and Mexico, while one was a close contact of a case returning from Central America.

West Nile Virus

Along with Maine, Washington persists in being one of only two states in the “lower 48” where human cases of West Nile virus infection have not been identified. However, there were arboviral diseases reported in Washington residents during 2004 including a person infected with West Nile virus after being bitten by a mosquito in Arizona, a college student who acquired Japanese encephalitis virus infection while traveling in Southeast Asia, and dengue infection following exposure in the Philippines. Another vector-borne condition, Lyme disease, was reported for 14 residents, but only two cases resulted from tick exposures within Washington.

Vol. 10 No. 12

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Sexually transmitted diseases, illnesses caused by enteric bacterial pathogens, and pertussis continue to be the most commonly reported communicable conditions in Washington.

Sexually Transmitted Diseases

Rates of infection with *Chlamydia trachomatis* remain high, with 17,635 infections reported in 2004, an incidence of 286.0 cases/100,000 population. In addition, the rate of primary and secondary syphilis has increased 84% since 2003.

Enteric Diseases

Rates of illness caused by bacterial pathogens including salmonellosis and shigellosis remain on the decline, a trend since the 1990s. Washington's incidence rates for these conditions are lower than the national averages, except for campylobacteriosis and infections caused by enterohemorrhagic *Escherichia coli*, primarily *E. coli* O157:H7.

There were 153 reported cases of *E. coli* O157:H7 and one case each of *E. coli* O11:NM and *E. coli* O26:H11. In addition, six cases of HUS were reported with no culture confirmed enterohemorrhagic *E. coli* infection. There was one outbreak due to *E. coli* associated with a day care center and six foodborne outbreaks, including outbreaks associated with ground beef, queso fresco soft cheese and vegetables. Three deaths occurred due to *E. coli* O157:H7, the first since 1996.

In 2004, 660 salmonellosis cases were reported (10.7 cases/100,000 population). Several outbreaks of salmonellosis were also reported in Washington. These included a multi-state outbreak of *S. Bovismorbificans* involving alfalfa sprouts and a multi-state outbreak of *S. Enteritidis* associated with raw almond consumption. There were also 861 campylobacteriosis cases (14.0 cases/100,000 population) reported in 2004.

The larger foodborne outbreaks reported during the year included an outbreak of norovirus involving approximately 100 ill persons associated with an ill food handler at a university cafeteria and another large norovirus outbreak which involved ill food handlers at a restaurant in which more than 130 persons were reported ill.

Pertussis

Pertussis remains a significant problem in Washington, where the 2004 incidence of 13.7 cases/100,000 population far exceeds the CDC's reported national average incidence of 4.0 cases/100,000 population in 2003. Although the highest rates of infection and the most serious illnesses occur among children under one year of age, more than 60% of the cases of pertussis in Washington occur among those 10 years of age and older, among whom waning immunity plays a significant role. It is hoped that acellular pertussis vaccines licensed for adolescents and adults beginning in 2005 will decrease the rate of pertussis in this population and diminish a source of infection for younger children.

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<http://listserv.wa.gov/archives/epitrends.html>

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Meningococcal Disease

Meningococcal disease had one of the lowest rates ever reported for Washington, although there were four deaths among the 42 cases. A new vaccine is available for preventing four types of meningococcal infection in young adults.

Hepatitis

One public health success story is the significant decline in rates of viral hepatitis A and B over the past 10 years, reflecting national trends of increased immunization coverage and implementation of harm reduction programs. In ten years the rate for hepatitis A has fallen from 21.0 cases/100,000 population to 1.1/100,000, while the rate for acute hepatitis B declined from 4.8 to 1.0 in the same period. Surveillance for acute hepatitis C remains challenging, as many cases are undiagnosed, many are not reported and resources to track and manage infections are limited.

Communicable Disease Report, 2004, now available

The Department of Health Communicable Disease Epidemiology section is responsible for providing an annual summary of communicable disease surveillance. Summary surveillance tables are posted online by condition at: www.doh.wa.gov/notify/list.htm. Select a condition from the list, then click on “incidence rates” from the column on the right side of the condition's page.

The 2004 Communicable Disease Report is now available online at:

<http://www.doh.wa.gov/Notify/other/2004cdr/cdr2004.pdf>